

Attachment C

**Bid Form
Temporary Agency Administrative Staffing Services for DHCD
Invitation for Bids No. 09-27- 004**

Bidder Name: _____

Price Bid:

Classification	Price per Hour	Estimated Number of Hours	Total Estimated Price
A. Administrative Assistant	\$	40	\$
B. Executive Assistant	\$	40	\$
“Total Estimated Price” A + “Total Estimated Price” B ==			\$

The estimated hours above are being provided only for the purposes of comparing bids and are not intended to be a guarantee of work effort.

Bidding Firm: _____ Signature: _____

Address: _____ Printed Name: _____

_____ Position: _____

Contact Phone: _____ Email: _____

Federal ID#: _____

State of Maryland Small Business Reserve Certification (required): _____

State of Maryland MBE Certification No. (if applicable): _____